

# EMPLOYEE EMERGENCY CONTACT FORM

Name James A Plunkett (Alexandre, Alex, Xandre, \*Sasha\*)

Title Something About VFX?

## **Personal Contact Info:**

Home Address 3110 Tilmon Lane

City, State, ZIP Austin, TX, 78725

Cell # 224.933.2087

## **Emergency Contact Info:**

(1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_ Employer \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_ Employer \_\_\_\_\_

(3) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_ Employer \_\_\_\_\_

**Medical Conditions** of which we should be aware:

Skeletalmuscular, Sleep Issues, Limited Range of Motion, Some Psych Stuff



**ALLERGIES:** (general, food, meds/drugs, etc.)

Cephalosporins, Keppra, Lisinopril, Lithium, Caffeine

**ANYTHING ELSE** of which we should be aware:

Only able to tolerate heat/sun for short burst. Only about to lift 15 lbs.

**Medical Contact Info:**

Doctor Name. Dr Amie Patel Youngblood of WellMed Phone # 512.421.3750

☺☺☺ I have voluntarily provided the above contact information and authorize \_\_\_\_\_ and its representatives to contact any of the above on my behalf in the event of an emergency.

☺☺☺ In the case of an emergency, I authorize VYBE and its representatives to act in good faith to resolve the issue and I will not hold them responsible for negative effects.

Employee Name James A Plunkett Date 23/05/2022

Employee Signature  Date 23/05/2022

